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CONFIRMATION NO. 5801

<b>SERIAL NUMBER</b> 09/920,137	<b>FILING OR 371(c) DATE</b> 08/01/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> CEN0250	
<b>APPLICANTS</b> George Heavner, Malvern, PA; David M. Knight, Berwyn, PA; Jill Giles-Komar, Downingtown, PA; Bernard Scallon, Collegeville, PA; David Shealy, Downingtown, PA; <i>OK to 9/15/06</i>					
<b>** CONTINUING DATA *****</b> <i>OK to 9/15/06.</i> This appln claims benefit of 60/223,360 08/07/2000 and claims benefit of 60/236,826 09/29/2000					
<b>** FOREIGN APPLICATIONS *****</b> <i>nm to 9/15/06</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/22/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 101	<b>INDEPENDENT CLAIMS</b> 41
<b>ADDRESS</b> 27777					
<b>TITLE</b> Anti-TNF antibodies, compositions, methods and uses					
<b>FILING FEE RECEIVED</b> 5208	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		